



Predictors of reentry into the foster care system: Comparison of children with and without previous removal experience

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ABSTRACT

Foster care reunification is the most common permanency plan for children in care, but it can be a challenging and stressful process for both the child and birth family. In some cases, the family reunification is unsuccessful and requires removal of the child from the home and reentry into care. The current study focuses on two groups: children who have had no previous removal-foster care experience and those who have had previous removal experience. The aims of the present study are to: (1) examine the rate of reentry for children who have no previous removal-foster care experience versus those who have previous removal experience prior to the current episode; (2) measure the period between the time of the reunification and the time of reentry to care for both groups; and (3) identify risk and protective factors correlated with reentry for both groups. The study analyzes secondary data through survival analysis. The sample includes 4642 children exiting from care to reunification between 2010 and 2013, who are followed for 18 months. The rate of reentry for children with previous removal experience was much higher (25% vs. 16%), and the time of highest risk for future reentry was shorter (4 vs. 6 months, after reunification) compared to children without removal experience. Several common risk factors were found for both groups. Child behavior, reunification against agency recommendation, and siblings in care increased the odds of reentry. However, visitation of the family by a case worker post-reunification decreased the risk for reentry. Child welfare administrators and caseworkers should continue to work toward providing care and ensuring that the child and family are fully prepared for reunification. Programs and post reunification services must be targeted and provided to children with previous removal experience.

1. Introduction

On September 30, 2015, over 427,000 children were in foster care in the United States (AFCARS report, 2016). This represents a 3% increase from the previous year and the second year in a row that there has been an increase in the overall number of children in out of home care. In general, the pathway for children in the foster care system is to exit to permanency (permanency is generally agreed to be an exit to reunification, guardianship, or adoption). Federal data show that over half of children exiting foster care exit to reunification (are reunited with their biological parents or primary caregivers) (AFCARS report, 2016).

Foster care reunification is the most common permanency plan for children in care, but it can be a challenging and stressful process for both the child and family. A successful reunification must result in the long-term safety and stability for the child. If the safety and stability of the child comes into question in the future, the reunification process might fail and require another removal of the child from home, which is

known as reentry into foster care (Carnochan, Rizik-Baer, & Austin, 2013; Kimberlin, Anthony, & Austin, 2009; Shaw, 2010).

Reentry into foster care is a traumatic event and is indicative of repeated and chronic maltreatment (Li, Chu, Ng, & Leong, 2014). Exiting and reentering out-of-home care is considered a disruption to permanence, and has long-lasting negative outcomes for children (Grath-Lone, Dearden, Nasim, Harron, & Gilbert, 2016). Children with multiple previous removals are much more likely to have health and behavioral problems, mental health issues (Eggersen, 2008), and difficulty to achieve a lasting permanent placement (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008).

Therefore, it is critical to focus on the best interventions and practices for successful reunification to decrease the rates of reentry and to increase the number of successful reunifications. Identification of predictors that may be associated with reentry could help to identify children who are at high risk for reentering the foster care system as a means of providing additional support aimed at mitigating that risk. Having multiple removals has consistently been identified as an

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important factor in foster care reentry and, as such, should be examined more closely. The current study focuses on two groups: children who have had no previous removal experience (meaning they have had their first ever removal) and those who have had previous removal experience (meaning they have had experiences with previous removal). All of the children were followed for 18 months post-reunification to examine whether they would experience another entry into the foster care system and to assess demographics, risk and protective factors correlated with reentry.

2. Literature review

2.1. Rate of reentry to foster care

Reentry rates refer to the rates at which children reenter foster care after having been previously returned home to their biological family from foster care (Shaw, 2006; Shaw & Haksoo, 2015; Shaw & Webster, 2011). A wide range of literature exists examining rates of reentry to foster care. In Florida, out of 38,830 children who exited out-of-home care during the fiscal years 2001–2002 and 2002–2003, approximately 7% and 10% (respectively) of children reentered out-of-home (Yampolskaya, Armstrong, & Vargo, 2007). Shaw (2006) found that 13% of children who entered the California foster care system for the first time were reentered within one year after permanent placement.

Some studies have measured the rate for reentry for a longer time. Barth et al. (2008) examined reentry rates for 372 children between the ages of 5–12, and found that 16% of the children were reentered into care within 3 years. Other studies assessed reentry rates exceeding three years (Frame, Berrick, & Brodowski, 2000; Jonson-Reid, 2003; Terling, 1999; Ubbesen, Petersen, Mortensen, & Kristensen, 2012).

The longest follow-up period reviewed was 10 years (Wulczyn, 2004), and it was found that nearly 30% of children who were reunified with their families reentered foster care within that time span. Of those children, almost 40% reentered after only 3 months and approximately 70% reentered within one year (Wulczyn, 2004). AFC national data (USDHHS, 2013) indicated that reentry rates vary substantially by state, but the most recently reported median state reentry rate was 11.8% within one year (2011).

The varying reentry rates can be explained partially by the different sample populations and methods, but are primarily due to the different lengths of the follow-up periods examined: ranging from 1 to 10 years in time. In the United States, child welfare reentry is examined at the federal level using a 12-month time frame (Children and Family Service Review). It has been suggested that the 12-month window for reentry was not a data driven decision at the federal level, but an arbitrary decision due to data limitations, and that reentry should be examined beyond the 12 month federal window (Shaw & Webster, 2011). The current study follows children for 18 months to look beyond the federal measure, while still maximizing the data available and to provide a better picture of children's (and families') experiences with reentry.

2.2. Factors associated with reentry to foster care

As discussed, foster care reentry is a serious problem with many negative repercussions for children and youth, and, as such, has been a focus of research for a number of years. Many studies have examined risk factors which correlate with reentry in an effort to understand the individual, familial, community and systemic issues related to reentry.

2.2.1. Child characteristics

The association of a child's age and race with reentry exhibited mixed results in previous research. Several studies have suggested that infants and toddlers are at high risk of reentry compared to older children (Lee, Jonson-Reid, & Drake, 2012; Shaw, 2006; Westat & Chapin Hall Center for Children, 2001; Wulczyn, Hislop, & Harden, 2002). In contrast, other studies found older children

to be more likely to reenter out-of-home care and they do so more quickly than younger children (Wells & Guo, 1999; Yampolskaya, Armstrong, & King-Miller, 2011). Some of these differences are likely due to the different conceptualization of age used across studies, with some concentrating on age at entry while others look at age at reunification.

Race has been examined across a number of studies and the bulk of these studies found that black children are more likely to reenter foster care compared to white or other (non-Hispanic) children (Courtney, 1995; Shaw, 2006; Shaw & Webster, 2011; Westat & Chapin Hall Center for Children, 2001). For example, Shaw (2006) found the odds of reentering foster care within one year of reunification are 1.2 times higher for black children than for white children. Other studies, however, have suggested that the risk of reentry is higher for white children than for minority groups such as African Americans (Connell, Katz, Saunders, & Tebes, 2006; Kahn & Schwalbe, 2010). While others have found no difference in the likelihood of reentry by race (Georing & Shaw, 2017; Shipe, Shaw, Betsinger, & Farrell, 2017). These differences in race are likely due to differing geographic locations across the studies examined.

Gender has also not been a clear risk factor in studies of reentry (Courtney, 1995; Frame, 2002; Wells & Guo, 1999). Smith, Stormshak, Chamberlain, and Whaley (2001) found that girls have a slightly higher risk of reentry than boys, however other research has not found similar risks related to gender. Children with physical health issues (Courtney, Piliavin, & Wright, 1997; Yampolskaya et al., 2011), mental health (Barth et al., 2007; Koh, 2007) and behavioral problems (Barth et al., 2008; Wells, Ford, & Griesgraber, 2007) have been shown to be more likely to reenter foster care after reunification.

2.2.2. Caregiver and family characteristics

Lower parenting skills (Festinger, 1996) and parent/caregiver substance abuse (Miller, Fisher, Fetrow, & Jordan, 2006; Shaw, 2006; Terling, 1999) were found to be predictors of returning to foster care. Children whose parents had a higher level of risk factors (such as mental health issues and criminal record) had a higher rate of reentry (Lee et al., 2012). Poverty has also been found to be a significant factor associated with reentry (Courtney, 1995; Jonson-Reid, 2003; Lee et al., 2012). Children whose parents were eligible for Title IV-E (examined as a proxy for poverty) were at least two times more likely to reenter care compared to children whose parents were not eligible for Title IV-E (Shaw, 2006). In addition, children with siblings in foster care were more likely to reenter care (Shaw, 2006; Shaw & Webster, 2011).

2.2.3. Case and system characteristics

Several studies found higher rates of reentry to foster care in neglect cases compared to abuse cases (Frame, 2002; Jonson-Reid, 2003; Shaw, 2006), while Yampolskaya et al. (2011) found lower rates for neglect than abuse. One of the most consistent findings was the association between reentry and short initial stays in foster care (less than three months) (Courtney, 1995; Jonson-Reid, 2003; Shaw, 2006; Shaw & Haksoo, 2015; Wulczyn, 2000). The longer a child is in care prior to reunification, the lower the odds of reentry (Shaw, 2006). Finally, the number of placements in foster care has been found to be a significant predictor of reentry. Children with multiple prior foster care placements are much more likely to enter to the foster care system again (Courtney, 1995; Koh, 2007; Shaw, 2006; Shaw & Webster, 2011). Prior child welfare involvement and prior unsuccessful attempts at reunification were associated with an increased risk of foster care reentry (Barth et al., 2008).

2.2.4. Post-permanency services

Some promising post-reunification services have been designed to prevent reentry to foster care. Studies indicated that certain programs are specifically designed to improve reunification and reduce reentry (Carnochan et al., 2013; Kimberlin et al., 2009), although there is little

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